Interview Summary	**Application No.**	**Applicant(s)**
	09/759,082	KRUEGER ET AL.
	Examiner	**Art Unit**	
	Elvis O. Price	1621	

All participants (applicant, applicant's representative, PTO personnel):

(1) *Elvis O. Price*.   (3)_____.

(2) *Alex Vodovozov*.   (4)_____.

Date of Interview: *13 April 2004*.

Type: a)☒ Telephonic   b)☐ Video Conference
         c)☐ Personal [copy given to: 1)☐ applicant   2)☐ applicant's representative]

Exhibit shown or demonstration conducted: d)☐ Yes   e)☐ No.
     If Yes, brief description: _____.

Claim(s) discussed: _____.

Identification of prior art discussed: _____.

Agreement with respect to the claims f)☐ was reached. g)☐ was not reached. h)☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: *Mr. Vodovozov stated that they inadvertently filed a CPA instead of an RCE on the last day of the Statutory deadline to file a response to the Final Rejection. Thus, the application is abandoned for failure to properly reply to the Final Rejection issued 11/1/02 as the request for continued prosecution of the application was not in compliance with 37 CFR 1.114 .*

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an
Attachment to a signed Office action.   _____
                                                          Examiner's signature, if required